FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
This is an Initial* Statement of Organization	STREET, CONTRACTOR AND	(Rev. 10/2009)	ORGANIZATION
This is an amended Statement of Organization *Statement must be filed within 10 days of committee accepting contribution incurring debts exceeding \$750.	Reset Form	For Office Use C	hub.
incurring debts exceeding \$750. Amendments must be filed within 30 days	ons, making expenditures, or	Comm, #	- 9UU
		Indexed ////	V
must be filed electronically	by all committees for state office	Audited	<u> </u>
Effective May 1, 2010, all statements and reports for State GACA Co.	B. All		<del>- 8 - '</del>
put old name in ( ).	candidate's last name in the name of	the committee 1 if our	
AUDUBON COUNTY DEMOCRATIC	CENTRAL COMMETTEE	die Committee.) IT AL	rending committee name.
The second secon	CENTRAL COMMITTEE		<b>-≺</b> ,π
MINARY AND			25
IMPORTANT: Indicate type of committee you are reporting for: 4			- P
1 ( S ICOUNTY CANNINGS / & ICIN CANNINGS / 7 ) Parkant Brown - 1			
(10) School Board or Other Political Subdivision PAC (11) Ballot lear	e (including committee involved in	County PAC (9)C) multiple city/count	ly PAC
COMMITTEE TREASURER (mandatory for all committees)			
I Name J. J.	Name J J	tory except for a ca	ndidate's committee)
MARY LOU JOHANSEN	PEGGY SMALLS	Y	
Mailing Address ↓ ↓ 127 PACIFIC AVE  City, State ↓ ↓ Zin Code ↓ ↓  City, State ↓ ↓ Zin Code ↓ ↓			
City, State 1 Zip Code 1 ALIDURON IA 50035 City, State 1 Zip Code 1			
City, State 1  Zip Code 1 AUDUBON IA 50025	City. State ↓ ↓ Zip Code ↓ ↓	AUDUBON IA	50025
Phone (712) 563-3975	Phone (712) 563-4322	· · · · · · · · · · · · · · · · · · ·	
	, /		· · · · · · · · · · · · · · · · · · ·
e-Mail pasmaley@mchsi.com			
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv.	ocate for/against candidate(s) 🔲 Ad	rocate for ballot lacue	(5)
All Candidates Enter:	J I Adv	(Ocate enginet bellot l	erie/e\
Office Sought:	County/Local Candidates an	d Mallot Issue Com	nittees Enter:
Political Party (if applicable)	County:		
District:	(If active in multiple beliot issue	elections, attach lis	of counties
Year Standing for Election:	Date of Election:		
Bank Account Name (must match committee name)	Candidate name & Address or Pa		
1 1	Aff	ent gruny (PACS, II Illete, or Sponsor	applicable)
	i	Massas as Manipal	
Name of Financial Institution/type of Account	Mailing Address ↓ ↓		
Mailing Address ↓ ↓	City J J	N-4- 1 1	
••••••	CRY V C	State 1 1 2	tip ↓ ↓
City   State   Zip			
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ( )		
	1 11010 ( )		
			•••••
	e-Mail		
STATEMENT OF AFFIRMATION: By filing this document the game the	e-Mail		
STATEMENT OF AFFIRMATION: By filing this document the committee affin	e-Maji ns the following:		
1. The committee and all persons connected with the committee understand that i	e-Maji ns the following:	Chapters 68A and 688	and the administrative
The committee and all persons connected with the committee understand that I rules in Chapter 351 of the lowa Administrative Code.	e-Mali ns the following: hey are subject to the laws in lowa Code		
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